



Australian Government

Comcare

PUTTING YOU *FIRST*

WORK TRIAL AGREEMENT

This agreement has been developed in consultation with the injured employee, medical practitioner, host employer, approved rehabilitation provider and rehabilitation case manager. This agreement aims to secure a common understanding and commitment to the work trial and may be modified following consultation with all parties. Please ensure this form is submitted with a relevant Return to Work Plan.

This agreement was reached on	<input type="text" value="/ /"/>
Name of injured employee	<input type="text"/>
Host employer	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Host employer supervisor	<input type="text"/>
Rehabilitation Case Manager contact details	<input type="text"/>
Workplace Rehabilitation Provider contact details	<input type="text"/>

OVERALL GOAL OF RETURN TO WORK PLAN

WORK TRIAL GOALS

Date of commencement	<input type="text" value="/ /"/>
Date of completion	<input type="text" value="/ /"/>
Date of first review	<input type="text" value="/ /"/>

WORK TRIAL/RETURN TO WORK SCHEDULE

Position title

Supervisor

Hours of work *(include start and finish time)*

Days of work

Work breaks

WORK SCHEDULE BELOW

Dates	Duties	Considerations	Hours

MEDICAL RESTRICTIONS

DUTIES TO BE AVOIDED

EQUIPMENT/UNIFORM REQUIRED

ADDITIONAL REQUIREMENTS

Please note: The above suitable duties, hours and days of work should not be altered without prior consultation with and agreement by the nominated rehabilitation provider.

The following parties agree to this work trial placement:

INJURED EMPLOYEE

Name

Signature Date / /

HOST EMPLOYER

Name

Signature Date / /

REHABILITATION CASE MANAGER

Name

Signature Date / /

WORKPLACE REHABILITATION PROVIDER

Name

Signature Date / /

MEDICAL PRACTITIONER

Name

Signature Date / /

ROLES AND RESPONSIBILITIES OF EACH PARTY IN THE WORK TRIAL PLACEMENT

INJURED EMPLOYEE

- > To participate in the work trial to the best of their ability and adhere to the outlined program.
- > To advise the rehabilitation provider and case manager of inability to attend for any part of the work trial. Medical certificates will be required.
- > To advise the work trial supervisor, rehabilitation provider and case manager if an exacerbation of their injury occurs or a new injury is sustained during the program.
- > To adhere to work policies and practices as expected of an employee of the host employer.

HOST EMPLOYER

- > Provide induction and training to the injured employee appropriate to the position undertaken.
- > Provide feedback to the injured employee on progress and performance.
- > Adhere to Work Health and Safety (WHS) requirements as required for employees.
- > Provide access and be available to discuss the work trial with the rehabilitation provider.
- > Adhere to the agreement as outlined and signed by all parties and only modify the agreement with prior agreement from the rehabilitation provider.
- > The host employer is NOT to pay the injured employee for work undertaken.
- > The host employer is not responsible for any injury sustained during the period of the work trial.

REHABILITATION CASE MANAGER

- > To provide support to the injured employee while on the work trial and be available to discuss issues as they arise.
- > To oversee the employee's return to work plan and oversee the involvement of the rehabilitation provider.
- > The case manager remains the rehabilitation delegate and maintains overall responsibility for the management of this worker's return to work plan and work trial.

WORKPLACE REHABILITATION PROVIDER

- > Negotiate and develop the work trial for the injured employee.
- > To monitor progress and liaise with all parties and modify the work trial agreement as necessary.
- > To provide feedback to the case manager and review the program to ensure that the goals and objectives are being met.